

FINAL INSPECTION/ACCEPTANCE and CERTIFICATION REPORT

DISTRIBUTION INSTRUCTIONS:

FINAL INSPECTION/ACCEPTANCE: **ORIGINAL** - Financial Services Division **COPIES** - Region Field/Delivery Engineer, Resident/Project Engineer, Financial Operations Division - Project Accounting
WHEN APPLICABLE: Design Division - Local Agency Programs Unit, Safety Division - Freight Services, Construction & Technology Division - Bridge Operations Engineer
PROJECT CERTIFICATION: **After Region Engineer/Representative signs Certification form, send a copy of Certification to:** F.H.W.A., Financial Operations Division - Project Accounting, Region Field/Delivery Engineer, Resident/Project Engineer
WHEN APPLICABLE: Design Division - Local Agency Programs Unit, Safety Division - Freight Services, Construction & Technology Division - Bridge Operations Engineer

FINAL INSPECTION/ACCEPTANCE REPORT

CONTROL SECTION/JOB NUMBERS	FEDERAL PROJECT NO.	FEDERAL ITEM NO.	DATE
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CONTRACTOR NAME

TYPE OF ACTION	<input type="checkbox"/> Final Inspection/Acceptance	<input type="checkbox"/> Project Certification	START DATE	ACTUAL COMPLETION DATE
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INSPECTED BY

NAME:	DATE
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SIGNATURE:

TYPE OF WORK (As per proposal)

RECOMMENDATIONS/CONCLUSIONS/REMARKS

IS PROJECT WARRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	WARRANTY DOCUMENTS ARE ON FILE	WARRANTY TYPE	DURATION	EXPIRATION DATE
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ITEMS NOTED ABOVE HAVE BEEN RESOLVED. COMMENTS:	RESIDENT/PROJECT ENGINEER	DATE
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BRIDGE WORK: <input type="checkbox"/> Yes <input type="checkbox"/> No	BRIDGE INSPECTION:	DATE REQUESTED	DATE COMPLETED
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ACCEPTANCE RECOMMENDED BY

RESIDENT/PROJECT ENGINEER

CITY/COUNTY AUTHORIZED SIGNATURE	TITLE	DATE
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I hereby certify that the construction on this project substantially conforms to the plans and specifications.	TSC MANAGER (Signature)	DATE
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The project will be submitted for final certification if it is a *Non Exempt Federal Project on the NHS* and the items checked below have been completed.

- ☐ Final Estimate ☐ FHWA - 47 (Projects over \$1 million on NHS only) ☐ Traffic Control Devices ☐ Warranty Items Resolved
☐ Railroad Affidavit ☐ Material Exceptions (See Attached) ☐ Other (Specify) _____

PROJECT CERTIFICATION (Non Exempt Federal Projects on NHS Only)

I hereby certify that the construction work on this project and materials incorporated in this project are in conformity with approved plans and specifications, and that the independent assurance tests have been performed. The items checked on the Final Inspection/Acceptance Report have been completed.

REGION ENGINEER/REPRESENTATIVE (Signature)	DATE
NOTED BY F.H.W.A.	DATE